CCME

2017 External Quality Review

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EXECUTIVE SUMMARY

The Balanced Budget Act of 1997 (BBA) requires State Medicaid Agencies that contract with Managed Care Organizations (MCOs) to evaluate their compliance with state and federal regulations in accordance with 42 Code of Federal Regulations (CFR) § 438.358. The purpose of this review was to determine the level of performance demonstrated by South Carolina Solutions (Solutions). This report contains a description of the process and the results of the *2017 External Quality Review (EQR)* conducted by The Carolinas Center for Medical Excellence (CCME) on behalf of the South Carolina Department of Health and Human Services (SCDHHS).

Goals of the review were to:

- Determine if Solutions complies with service delivery as mandated in their contract with SCDHHS.

- Provide feedback for potential areas of further improvement.

- Verify the delivery and determine the quality of contracted health care services.

CCME used Centers for Medicare & Medicaid Services (CMS) developed protocols for Medicaid MCO EQRs to conduct the EQR. The review included a desk review of documents and onsite visit.
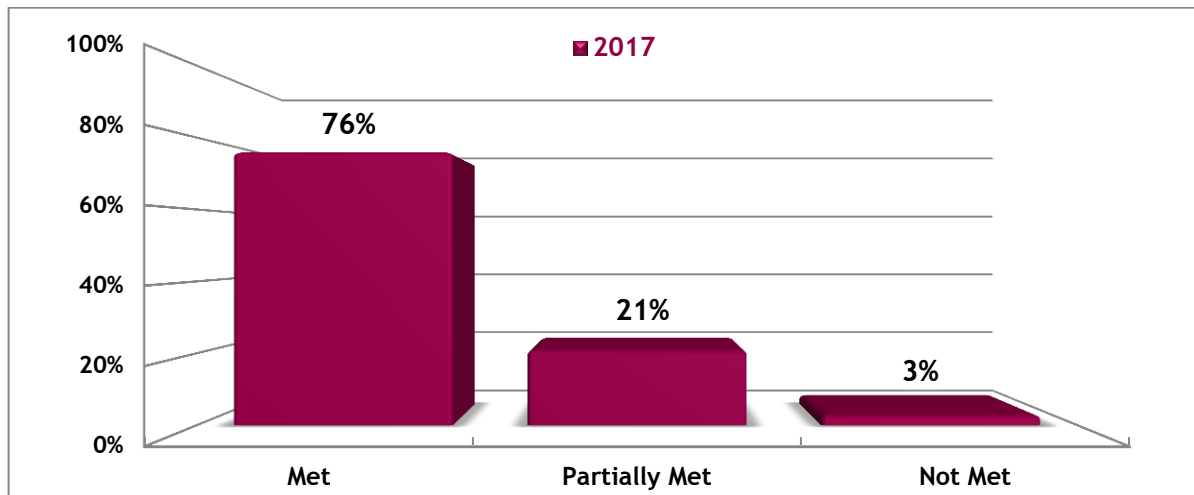
Overall Findings

The 2017 annual EQR shows that Solutions achieved a "Met" score in 76 percent of the standards reviewed. As the following chart indicates, 21 percent of the standards scored as "Partially Met," and 3 percent as "Not Met." The chart that follows provides an overview of Solutions' 2017 review results.

Figure 1: Annual EQR Results

An overview of the findings for each section follows. Review details as well as specific strengths, weaknesses, and any applicable quality improvement items and recommendations are included further in the narrative of this report.

Administration:

Solutions delivers comprehensive care coordination services in compliance with their contract with SCDHHS for medically fragile children and those in the Medically Complex Children's waiver (MCCW). Solutions is under the direction of parent company, Community Health Solutions of America (CHS). The Board of Directors, Executive Committee, and Chief Medical Director provide the foundation of leadership at the corporate level. Solutions' Executive Director, Thomas McGee, oversees business activities and service delivery for participants in South Carolina. Dr. Stallworth is involved in clinical issues and serves as a liaison between Solutions and their network providers. A Compliance Officer (CO) is in place and training on compliance, Health Insurance Portability and Accountability Act (HIPAA), fraud, waste, and abuse is required upon hire and annually. The Quality Management Committee (QMC) appears to perform functions related to compliance; there is no specific Compliance Committee.

Information on Solutions' website for members and providers is not complete; however, Solutions is currently updating its website. Policies and procedures were generally corporate policies and in good order, but lacking in SC specific contract requirements. Policies may require the addition of a SC addendum to address specific *SCDHHS Contract* requirements.

Solutions submitted a thorough Continuity of Operations Plan (COOP). Solutions demonstrated its ability to handle and recover from disasters and provide continuity of its business processes.

Provider Services:

CCME reviewed documents and reference materials Solutions uses to educate contracted providers. Solutions does not have a policy that addresses initial and ongoing provider education. In addition, educational materials such as the *Provider Manual*, a MCCW program provider training presentation, and information on the plan website contained outdated or inconsistent information.

Quality Improvement:

Solutions Quality Improvement Program (QIP) is provided at the corporate level through CHS. Solutions provided *Community Health Solutions' Strategic Quality Plan for 2017* as evidence of a QIP description. This program description was not specific to Solutions. It was unclear what activities or sections of the program description applied to Solutions. The 2016 and 2017 work plans lacked quarterly updates, implementation, and/or completion dates for each activity.

Care Coordination/Case Management:

The EQR Care Coordination/Case Management section examined Solutions' policies and other documentation of the Care Coordination/Case Management Program as well as care coordination files. CCME found that policies address most care coordination and case management requirements and Solutions' processes to meet those requirements. However, CCME discovered errors, discrepancies, and/or omissions of information for specific care coordination requirements within the policies and other documentation. CCME could find no evidence of a contractually-required written policy that addresses a back–up service provision plan. CCME recommends Solutions develop a written Care Coordination/Case Management Program Description that provides an overall explanation of the Care Coordination/Case Management program and information about the program's structure and lines of responsibility and accountability, which is currently absent from its policies.

Review of care coordination files confirmed that, overall, Solutions is conducting appropriate care coordination and case management functions to ensure the health and functioning of members. Isolated issues with missing documentation were noted in the files reviewed, but did not appear to represent widespread process issues.

Table 1, Scoring Overview, provides an overview of the findings of the current annual review.

Table 1: Scoring Overview

	Met	Partially Met	Not Met	Not Evaluated	Not Applicable	Total Standards
Administration						
2017	31	4	0	0	0	35
Provider Services						
2017	3	1	2	0	0	6
Quality Improvement						
2017	6	1	0	0	0	7
Care Coordination/Case Management						
2017	8	7	0	0	0	15

METHODOLOGY

CCME conducted the review using CMS-developed protocols for Medicaid MCO/PIHP EQRs, and focused on determining Solutions' compliance with contract requirements and federal regulations.

On June 5, 2017, CCME sent notification to Solutions that the Annual EQR was being initiated (see Attachment 1). This notification included a list of materials required for a desk review and an invitation for a teleconference to allow Solutions to ask questions regarding the EQR process and the requested desk materials.

The review consisted of two segments. The first was a desk review of materials and documents received from Solutions on June 19, 2017 and reviewed in the offices of CCME (see Attachment 1). These items focused on administrative functions, committee minutes, member and provider demographics, member and provider educational materials, and the Quality Improvement and Care Coordination/Case Management Programs. The desk review also included a review of care coordination/case management files.

The second segment was an onsite review conducted on August 3, 2017 at the Solutions office located in Columbia, SC. The onsite visit focused on areas not covered in the desk review or areas needing clarification. See Attachment 2 for a list of items requested for the onsite visit. Onsite activities included an entrance conference, interviews with administration and staff, and an exit conference. All interested parties were invited to the entrance and exit conferences.

FINDINGS

EQR findings are summarized in the following section and are based on the regulations set forth in title 42 CFR, part 438, and the contract requirements between Solutions and SCDHHS. We identify strengths, weaknesses and recommendations where applicable. We identify areas of review as meeting a standard "Met," acceptable but needing improvement "Partially Met," failing a standard "Not Met," "Not Applicable," or "Not Evaluated," on the tabular spreadsheet (Attachment 3).

A. Administration

The review of the Administration Section for Solutions included the review of policies and procedures, leadership and staffing, compliance, program integrity, data security, confidentiality and personnel file review.

Solutions' parent company, CHS, has a Corporate Board of Directors and a Corporate Executive Committee. The Executive Director for Solutions is Thomas McGee, who oversees Solutions' day-to–day business activities. He reports to the Chief Medical Director, Dr. Barbara Freeman. Solutions saw a significant increase in participation in the MCCW program over the past 18 months. In 2017 to date, Solutions hired six additional Care Coordinators and there are three more in the hiring process now. This will bring the total number of CCs to 27 and this appears to be sufficient staffing for conducting the services outlined in Solutions' contract with SCDHHS. Care advocates assist CCs with paperwork and non-clinical functions.

Most of Solutions' policies are corporate policies that are well organized, reviewed on an annual basis, and revised as needed. The policies are well written; however, CCME suggests that Solutions add *SCDHHS Contract* specifications in an addendum, when it is applicable.

Solutions has several policies that articulate the requirement for security and privacy of information. Business Ethics and Conduct are found in the *Employee Handbook* as well as examples of information that is protected. Employees sign Confidentiality/Privacy Agreements and acknowledge HIPAA training initially upon hire. Solutions conducts employee training on HIPAA on an annual basis for all employees and announces immediate changes during staff meetings. Policy CHS.ISP.ALL.11.12, Security & Privacy Training Awareness Requirements and Reminders, states "HIPAA training is conducted by the Privacy Officer or designee and occurs prior to accessing any Protected Health Information (PHI)."

The Executive Committee establishes the Compliance Program. Solutions has a designated Compliance Officer (CO) primarily responsible for overseeing and managing compliance issues within CHS. The CO reports to the Executive Committee and has direct

access to the Board of Directors. Solutions' Compliance Program does not include a Compliance Committee. The CO is on the QMC that performs the function of a Compliance Committee and consists of senior staff. They are responsible for development and implementation of compliance policies and procedures, analysis of data, and developing action plans. The CO reports any breaches of confidentiality, HIPAA violations, audit results, and incidents of suspected fraud, waste, and abuse to the QMC. The Compliance Department and the CO develop training plans and ensure annual compliance training is completed by all staff.

Some information on Solutions' website appears to be outdated, including phone numbers for members to report suspicion of fraud, waste, and abuse. The number listed was for a Louisiana Hotline. Inconsistencies in the current physical address for Solutions were noted in some plan materials. Solutions has no policy that addresses holiday related closures.

Jennifer Hamilton, the Program Operations Coordinator, conducts provider office visits and identifies provider needs. Some training on fraud waste and abuse is found on Solutions, SCDHHS, and CMS websites. Solutions reports they are updating their website now.

CCME conducted a review of six care coordinator personnel files to ensure CC meet qualifications and documentation in the files includes all contract requirements. Files were generally in good order; however, the following items are either documented elsewhere or did not appear to be current:

- Evidence of current driver's licenses was missing in three of six files.
- Evidence of current automobile insurance (copy of insurance card) was found in the files. Coverage amounts required by Solutions were absent.

Data Systems and Security

Solutions submitted a thorough COOP. Solutions activated this plan twice in the past two years and demonstrated its ability to handle and recover from disasters and provide continuity of its business. Solutions did not demonstrate the Action Review was documented following data recovery in 2017.

Numerous policies and procedures are in place that detail Solutions' processes for addressing data security and PHI compliance in all forms of electronic communications. Policies define obtaining a release of information from participants and the processes for fulfilling requests for PHI. Solutions retains all financial and programmatic records for a period of six years as defined in Policy CHS.ISP.ALL.11.45, Record Retention Destruction.

As illustrated in *Figure 2: Administration*, Solutions achieved scores of "Met" for 89 percent of the standards reviewed for Administration.

Figure 2: Administration Findings
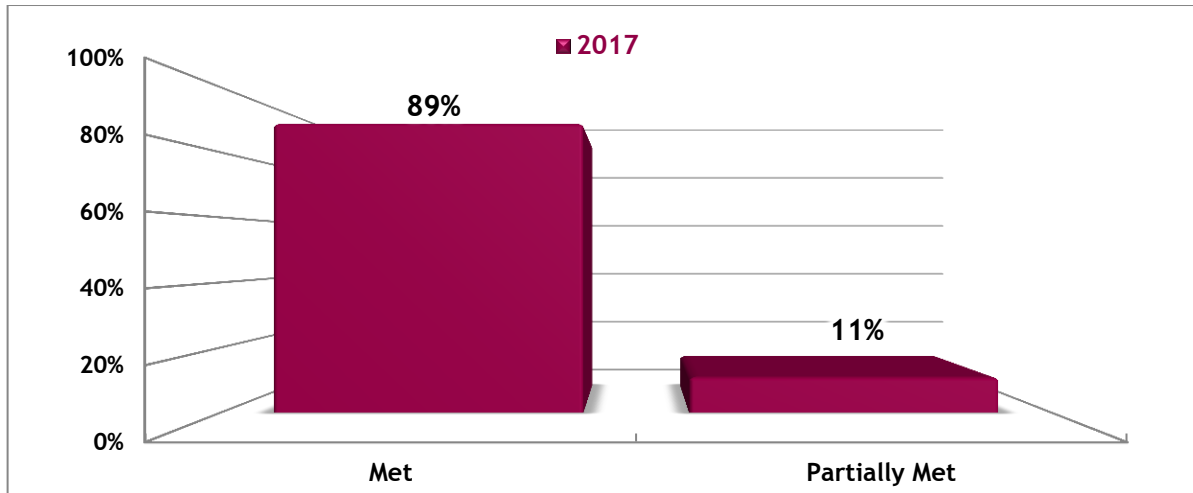
Table 2: Administration defines the specific standards scored as "Partially Met."

Table 2: Administration

SECTION	STANDARD	2017 REVIEW
Organizational Chart / Staffing	Employee personnel files demonstrate the organization complies with contract and policy requirements	Partially Met
Contract Requirements	The organization is available by phone during normal business hours 8:30 am to 5:00 pm Monday through Friday	Partially Met
	The organization has a process to conduct onsite supervisory visits within 5 days of receiving a request from SCDHHS	Partially Met
Compliance and Program Integrity	Effective lines of communication between the compliance officer and the organization employees, subcontractors, and providers	Partially Met

Strengths

- Solutions conducts annual confidentiality and HIPAA training and defines these in its policies.

- Solutions has a thorough business continuity plan (COOP) and demonstrated its ability to handle and recover from disasters while providing continuity of care.

Weaknesses

- Some corporate policies are lacking specific *SCDHHS Contract* requirements.

- Dr. Stallworth was not found on the organization chart.

- A review of personnel files showed three files did not include current driver's licenses, and no file had evidence of automobile coverage amounts.

- Solutions member materials do not provide information on how to access TTY or 711 services for the hearing impaired.

- Solutions' website and the *Provider Manual* do not include the hours of operation.

- Solutions has not defined in any document the procedures that apply to holidays and closed days per *SCDHHS Contract, Appendix A (G)*.

- No policy or process was found that defined how Solutions conducts onsite supervisory visits within five days of a request from SCDHHS.

- Solutions did not demonstrate the Action Review was documented following data recovery in 2017.

- While Solutions may distribute informational brochures with new member materials, some of these materials are outdated.

- CCME could not identify documentation of a Compliance Committee. .The QMC handles Compliance Committee functions.

- Solutions' website includes incorrect phone numbers for members to report fraud, waste, and abuse.

- Solutions lacks a plan to train providers on the False Claims Act and Solutions' Fraud, Waste, and Abuse Program.

- Processes Solutions uses to monitor for evidence of fraud, waste, and abuse are not defined in the Compliance Program.

Quality Improvement Plans

- Develop a process to ensure that personnel files include proof of a current, valid driver's license and evidence of meeting the automobile liability insurance requirements as defined in the *Employee Handbook*.

- Update plan materials with consistent information on hours of operation and Solutions' local address.

- Provide members information about accessing services for the hearing/speech impaired.

- Update Solutions' website to include hours of operation.

- Document in a policy or process Solutions' process for receiving and conducting supervisory visits.

- Ensure updates to the website include correct phone numbers for members to report suspected fraud, waste, and abuse.

- Develop a process to train providers on the False Claims Act and Solutions' Fraud, Waste, and Abuse Program.

Recommendations

- Include SC addendums in corporate policies when applicable, to detail specific timeframes or specific *SCDHHS Contract* requirements.

- Include Dr. Stallworth on the organization chart for Solutions/CHS and indicate his role.

- Develop a document, policy, or procedure that defines Solutions' approach to holidays and closed days, in compliance with *SCDHHS Contract*.

- Ensure that only relevant and up-to-date materials are provided to members.

- Ensure Solutions is following their COOP by conducting and documenting the Action Review following testing or implementation of the plan and include any changes made as a result.

- Create a Compliance Committee to conduct the compliance functions presently performed by the QMC.

- Include in the Compliance Program methods CHS uses to audit and detect potential fraudulent activities.

B. Provider Services

For Provider Services, CCME reviewed documents and reference materials used by the plan to educate contracted providers. Solutions does not have a policy that addresses initial and ongoing provider education. Onsite discussion confirmed that the Program Operations Coordinator and the Resource Nurse meet with providers to discuss the Solutions program, but the plan lacks a defined Provider Education Program.

Educational materials for providers include the *Provider Manual*, an MCCW Provider Training presentation, and information on the Solutions website. However, the information is not up to date. The *Provider Manual* is dated 2015 and contains outdated information; the website displays provider newsletters from 2012 and has a non-functioning 'Document Distribution' section; and benefit information between the website and the provider training presentation is inconsistent.

Solutions does provide detailed information in the *Provider Manual* regarding medical record confidentiality, documentation and retention timeframes. Onsite discussion confirmed that Solutions conducts medical record reviews twice a year for Part A children during team conferences and gives feedback to providers at that time. The QMC minutes showed evidence of medical record reviews.

Figure 3, Provider Services Findings, shows that 50% of the standards in Provider Services received a "Met" score.

Figure 3: Provider Services Findings
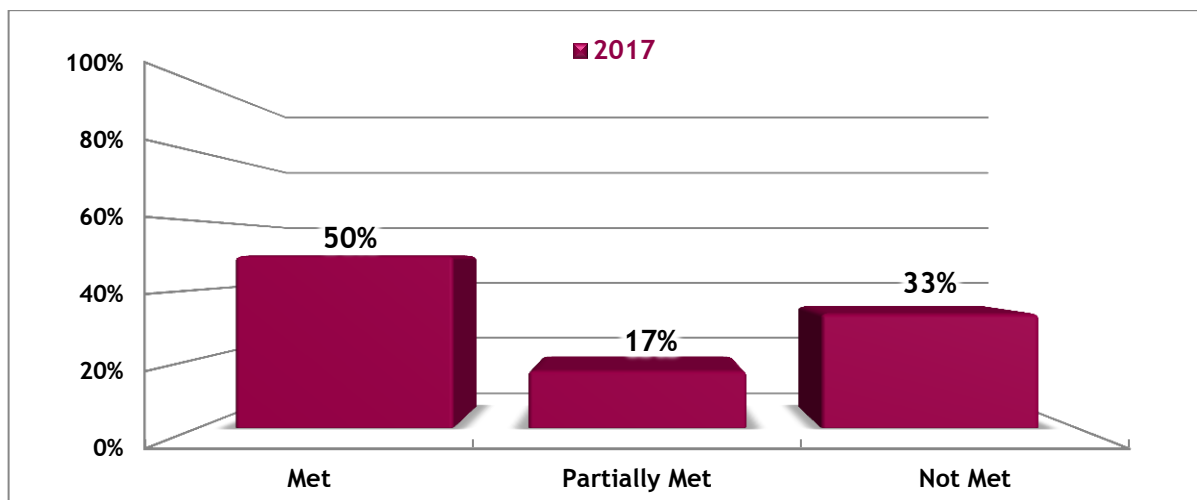
Table 3, Provider Services, highlights the standards that received "Partially Met" and "Not Met" scores.

Table 3: Provider Services

SECTION	STANDARD	2017 REVIEW
Provider Services	The organization formulates and acts within policies and procedures related to initial and ongoing education of providers	Not Met
	Initial provider education includes: How to access language interpretation services	Not Met
	The organization provides ongoing education to providers regarding changes and/or additions to its programs, practices, standards, policies and procedures	Partially Met

Strengths

- The *Provider Manual* contains detailed information regarding medical record confidentiality, documentation and retention timeframes.

Weaknesses

- Solutions does not have a policy that addresses initial and ongoing provider education. Onsite discussion confirmed that the Program Operations Coordinator and the Resource Nurse meet with providers to discuss the Solutions program, but the plan lacks a defined Provider Education Program.

- Solutions' *Provider Manual* and/or training materials do not reference any information regarding how providers can assist non-English speaking members that need language assistance.

- Provider educational materials include Solutions' *Provider Manual*, an MCCW Provider Training presentation, and information on Solutions' website. However, some information is not up to date. Examples of outdated information are listed as follows:

  o The *Provider Manual* is dated 2015 and instructs providers to contact the Provider Relations Department. Onsite discussions confirmed the department does not exist.

  o The website displays provider newsletters from 2012, and the plan indicated in their desk materials they do not generate newsletters, educational materials, or other mailings.

  o There is inconsistent information regarding the services offered between the website and the provider training presentation. The website includes "transportation" and this is not mentioned in the presentation.

  o The website includes a 'Document Distribution' section that instructs the providers to "click here" to access reports; however, onsite discussion confirmed this is nonfunctional and the reports are mailed to the providers.

Quality Improvement Plans

- Create a policy or procedure that addresses how Solutions educates new providers and conducts ongoing provider education of the plan's processes and services.

- Add to the *Provider Manual*, website, and/or new provider education materials information regarding the free Healthy Connections language assistance for non-English speaking members.

- Update provider educational and reference materials such as the *Provider Manual*, provider information on the website, and the provider training presentation.

C. Quality Improvement

Solutions' QIP is provided at the corporate level through CHS. Solutions provided CHS' Strategic Quality Plan for 2017 as evidence of a QIP description. This plan provided the goals, objectives, program structure, and activities planned for 2017. This program description was not specific to Solutions. It was unclear what activities or sections of the program description applied to Solutions.

CCME reviewed the 2016 and 2017 Work Plans. The plans included the goals, interventions, date, and responsible party (RP). It was unclear if the date included on the Work Plan represented the implementation or the completion dates for each activity. The quarterly updates were not always included and some activities noted as ongoing on the 2016-Work Plan were not included on the 2017 Work Plan.

The Quality Management Committee was established to provide oversight for Solutions' QI activities. Dr. Barbara Freeman serves as chair of this Committee. Other members include Solutions' senior leadership and the MCCW Program Medical Director, Dr. James Stallworth. All members are voting members.

Figure 4, Quality Improvement Findings show 86% of the standards in the Quality Improvement Section received a "Met" score. The "Partially Met" score was related to the Quality Improvement Work Plan.

Figure 4: Quality Improvement Findings
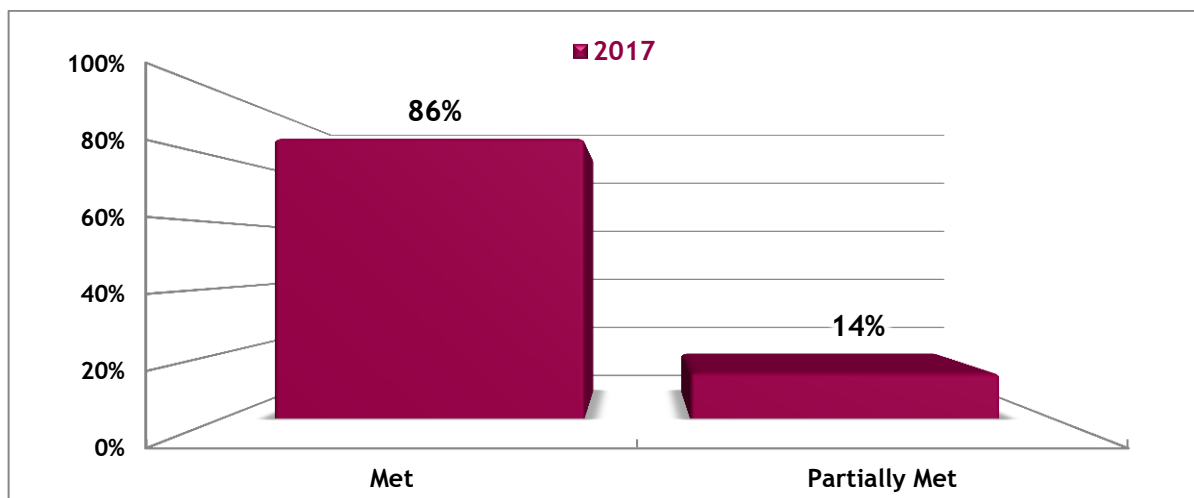
TABLE 4: Quality Management

SECTION	STANDARD	2017 REVIEW
The Quality Improvement Program	An annual QI work plan is in place which includes activities to be conducted, follow up of any previous activities where appropriate, timeframe for implementation and completion, and the person(s) responsible for the activity	Partially Met

Weaknesses

- Solutions provided *Community Health Solutions' Strategic Quality Plan for 2017* as evidence of a QIP description. This program description was not specific to Solutions. It was unclear what activities or sections of the program description applied to Solutions.

- It was unclear if the date included on the Work Plan represented the implementation or the completion dates for each activity. Quarterly updates were not always included and some activities noted as on-going on the 2016 Work Plan were not included on the 2017 Work Plan.

- The *Annual Report: Quality and Performance Improvement Calendar Year 2016* summarized the quality initiatives for 2016. It was difficult to determine which activities were applicable to Solutions.

Quality Improvement Plan

- Update the 2017 Quality Work Plan to include all activities that were not completed in 2016. Include the implementation and estimated completion date for each activity. If the completion date is unknown, consider including a note field so the status and updates can be noted.

Recommendations

- Activities that apply to Solutions should be noted as such in the Strategic Quality Plan.

- Ensure the activities that are applicable to Solutions are clearly labeled in the annual program evaluation.

D. Care Coordination/Case Management

The Care Coordination Program is responsible for the coordination of medical care, transitions of care, and continuity of care of all members in the MCCW. During the onsite visit, Solutions provided a very detailed verbal description of the Care Coordination/Case Management Program; however, CCME confirmed that a formal, written Care

Coordination/Case Management Program Description does not exist. Processes are documented in policies; however, the policies lack sufficient information on components of the Care Coordination Program such as the program's structure and lines of responsibility within the program. CCME recommends Solutions develop a written program description to include this information, and to provide an overall description of the Care Coordination/Case Management Program.

CCME discovered errors, discrepancies, and/or omissions of information for specific Care Coordination requirements in policies, training documents, etc. These were related to the timeframes for initiation and completion of pre-admission screenings (PAS); the timing of various visit types; requirements for team conferences; processes for discharge planning when a member is hospitalized; and reporting requirements for cases of suspected child abuse, neglect, or exploitation. Although contractually required, Solutions has not developed a written policy addressing back–up service provision plans to ensure members receive the authorized care coordination services and the process to notify SCDHHS if services cannot be provided.

Review of care coordination files confirmed Case Manager and Care Advocate staff are in frequent contact with members/RPs. If unable to make contact, the Case Manager or Care Advocate documents multiple follow-up attempts, including mailing an "unable to contact" letter. In the files reviewed, these were usually successful, with return calls from the responsible party documented. Files contain documentation of appropriate outreach to the members' medical and ancillary providers. CCME noted isolated issues with missing documentation in the files reviewed, and discussed these issues with Solutions' staff during the onsite visit. They did not appear to represent widespread process issues. Based on file review and onsite discussion, it appears Solutions is conducting appropriate care coordination and case management functions to ensure the health and functioning of members.

As illustrated in *Figure 5: Care Coordination/Case Management Findings*, Solutions achieved scores of "Met" for 53 percent of the standards reviewed for Care Coordination/Case Management. Scores of "Partially Met" were related to lack of information, discrepancies, and/or errors in policies and other documentation, as well as lack of some contractually required documentation. See the *Weaknesses* section below.

Figure 5: Care Coordination/Case Management Findings
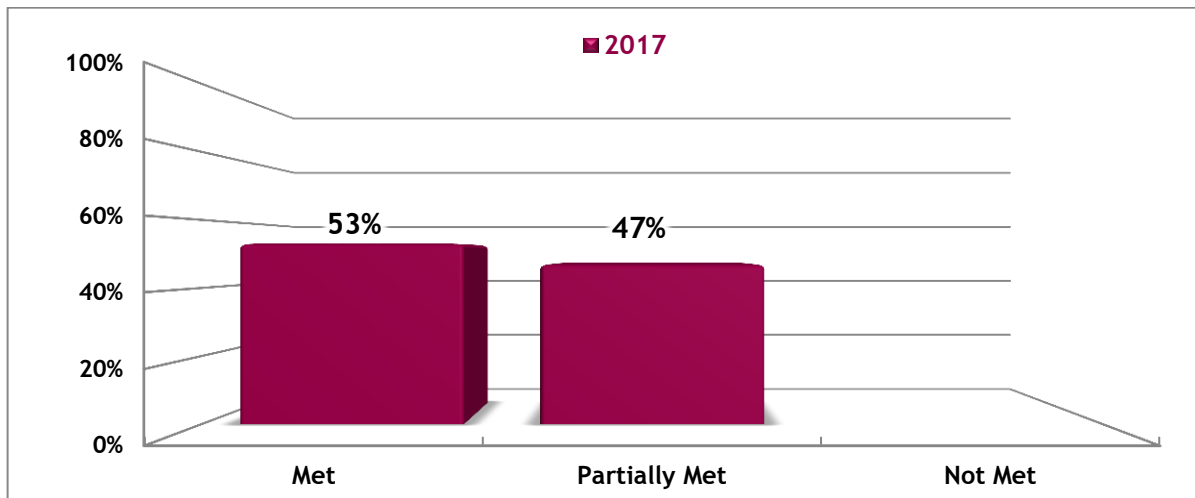
Table 5: Care Coordination/Case Management defines the specific standards scored as "Partially Met."

Table 5: Care Coordination/Case Management

SECTION	STANDARD	2017 REVIEW
Care Coordination/Case Management	Policies and procedures and/or the program description address the following: Structure of the program	Partially Met
	Lines of responsibility and accountability	Partially Met
	Intake and assessment processes for Care Coordination/Case Management	Partially Met
	Minimum standards for phone contacts, in-home visits, and physician/nurse plan oversight as applicable	Partially Met
	Processes for following up with participants admitted to the hospital and actively participate in discharge planning	Partially Met
	A process to report any suspected abuse, neglect, or exploitation of a participant	Partially Met

SECTION	STANDARD	2017 REVIEW
Care Coordination/Case Management	Back-up service provision plan to ensure that the Participant receives the authorized care coordination services and a process to notify SCDHHS if services cannot be provided	Partially Met

Strengths

- Care Advocates are clinicians who act as "clinical extenders" for Case Managers.

- Solutions holds various monthly care management meetings that include staff training and information sharing.

Weaknesses

- Solutions lacks a formal, written Care Coordination/Case Management Program Description.

- The structure of Solutions' Care Coordination/Case Management Program is not completely defined in policy.

- Lines of responsibility and accountability for the Care Coordination/Case Management Program are not adequately defined in policy.

- Discrepancies in the goals and objectives of the Care Coordination/Case Management Program are noted in the *Provider Manual* (dated 2015), the "MCCW General Program Information" document, and the 2017 Community Health Solutions Strategic Quality Plan.

- Policy CHS.CM.MCCW.01.01, Intake /Admissions Policy, states the PAS process must be initiated within 20 days; however, onsite discussion revealed the expected timeframe to initiate the PAS process is within five business days.

- Policy CHS.CM.MCCW.01.01, Intake /Admissions Policy, does not address the requirement implemented by SCDHHS in March 2017 regarding the 30-business day timeframe for completion of the PAS.

- CCME discovered inconsistencies in the timing of various visit types between page nine of the Medically Complex Children's Waiver Provider Training document and policy CHS.CM.MCCW.02.01, Care Coordination Process. Differences include:

  o Policy CHS.CM.MCCW.02.01, Care Coordination Process, indicates quarterly visits are done during months three and nine. The MCCW Provider Training document states quarterly visits are completed during months six and 12.

- Policy CHS.CM.MCCW.02.01, Care Coordination Process, states team conferences are conducted in months three and six. The MCCW Provider Training document states team conferences are conducted during months three and nine.

- Policy CHS.CM.MCCW.02.03, Team Conference, explains that team conferences are conducted twice a year. Onsite discussion revealed team conferences are conducted only for Part A members; however, the policy does not reflect this process.

- Onsite discussion included processes followed by Case Managers when members are hospitalized; however, these processes are not reflected in the Care Coordination/Case Management policies.

- Policy CHS.CM.MCCW.01.12, Child Protective Services, defines reporting requirements for cases of neglect or abuse; however, page two, items 3 (b) (i) (1 and 2) state, "Health Care Providers will report suspected abuse, neglect, or exploitation to Adult Protective Services…" and "Case Manager will report any suspected abuse, neglect or exploitation to Adult Protective Services." There is no mention of reporting to Child Protective Services if the client is less than 18 years old.

- Onsite discussion confirmed there is no policy to address back–up service provision plans to ensure that the Participant receives the authorized care coordination services and the process to notify SCDHHS if services cannot be provided. Refer to the *SCDHHS Contract, Appendix A, Section G (5)*.

- Care Coordination/Case Management file review revealed some files were missing care plan updates (two files), Medically Complex Criteria Assessment (MEA) (one file), 2017 Service Plan (one file), and evidence of monthly call (one file).

Quality Improvement Plan

- Revise current policies or develop a Care Coordination/Case Management Program Description to define the structure of and lines of responsibility and accountability within Solutions' Care Coordination/Case Management Program.

- Revise policy CHS.CM.MCCW.01.01, Intake /Admissions Policy, to include the five-business day timeframe for PAS initiation and the 30-business day timeframe for PAS completion.

- Ensure the correct timeframes for quarterly visits and team conferences are documented in the MCCW Provider Training document and policy CHS.CM.MCCW.02.01, Care Coordination Process.

- Update policy CHS.CM.MCCW.02.03, Team Conference, to include that team conferences are conducted only for Part A members.

- Include in a policy the discharge planning process followed when a member is hospitalized.

- Revise policy CHS.CM.MCCW.01.12, Child Protective Services, to include that suspected abuse, neglect, or exploitation of a member less than 18 years old will be reported to Child Protective Services.

- Develop a policy, or revise an existing policy, to define the back–up Service Provision Plan to ensure members receive the authorized care coordination services and the process to notify SCDHHS if services cannot be provided.

Recommendations

- Develop a written program description to describe Solutions' Care Coordination/Case Management Program.

- Ensure Care Coordination/Case Management goals and objectives, including those defined by the *SCDHHS Contract*, are consistent in all documents.

- Ensure member files contain evidence of care plan updates, assessments, and monthly calls at required intervals, and include updated service plans.

ATTACHMENTS

- Attachment 1: Initial Notice, Materials Requested for Desk Review
- Attachment 2: Materials Requested for Onsite Review
- Attachment 3: Tabular Spreadsheet

A. Attachment 1: Initial Notice, Materials Requested for Desk Review

June 5, 2017

Mr. Thomas McGee
SC Solutions
15 Medical Park, Suite 300
3555 Harden St. Extension
Columbia, SC 29203

Dear Mr. McGee:

At the request of the South Carolina Department of Health and Human Services (SCDHHS) this letter serves as notification that the 2017 External Quality Review (EQR) of South Carolina Solutions is being initiated. An external quality review (EQR) conducted by The Carolinas Center for Medical Excellence (CCME) is required by your contract with SCDHHS in relation to your organization's administration of the Medically Complex Children's Waiver program for Medicaid recipients.

The methodology used by CCME to conduct this review will follow the protocols developed by the Centers for Medicare and Medicaid Services (CMS) for external quality review of Medicaid Managed Care Organizations. As required by these protocols, the review will include both a desk review (at CCME), onsite visit and will address all contractually required services. The CCME EQR team plans to conduct the onsite visit on **August 3rd.**

In preparation for the desk review, the items on the enclosed desk materials list should be provided to CCME no later than **June 19, 2017.**

To help with submission of the desk materials, we have set-up a secure file transfer site to allow organizations under review to submit desk materials directly to CCME thru the site. The file transfer site can be found at:

https://eqro.thecarolinascenter.org

I have included written instructions on how to use the file transfer site and would be happy to schedule an education session (via webinar) on how to utilize the file transfer. An opportunity for a conference call with your staff, to describe the review process and answer any questions, is being offered as well. Please contact me directly at 803-212-7582 if you would like to schedule time for either of these conversational opportunities.

Thank you and we look forward to working with you.

Sincerely,

Sandi Owens

Sandi Owens, LPN
Manager, External Quality Review

Enclosures
cc: Dr. Barbara Freeman
    SCDHHS

South Carolina Solutions

External Quality Review

MATERIALS REQUESTED FOR DESK REVIEW

1. Copies of all current policies and procedures, as well as a complete index which includes policy name, number and department owner. The date of the addition/review/revision should be identifiable on each policy.

2. Organizational chart of all staff members including names of individuals in each position, and any current vacancies. If this is a corporate organizational chart, please identify those persons who are responsible for overseeing South Carolina Solutions activities. *From the organizational chart, we will randomly select personnel files to be submitted for review and provide a list of the file components needed.*

3. A description of any updates or changes in requirements disseminated by SCDHHS.

4. Current membership demographics including total enrollment and distribution by age ranges, sex, and county of residence.

5. A current provider list/directory as supplied to members.

6. A copy of the current Compliance Plan or policies and procedures addressing compliance, fraud, waste, and abuse.

7. A description of the Quality Improvement, Care Coordination/ Case Management Programs.

8. The Quality Improvement work plans for 2016 and 2017.

9. The most recent reports summarizing the effectiveness of the Quality Improvement, Care Coordination/ Case Management Programs.

10. A committee matrix for all committees. For each committee please include the following:
    a. A copy of the committee charter. Include the committee's responsibilities, meeting frequency, and the required voting quorum.
    b. Membership list and indicate which members are voting members. Include the professional specialty of any non-staff members.

11. Minutes of all meetings for all committees reviewing or taking action on SC Solutions-related activities in January 2016 to May 2017. All relevant attachments (e.g., reports presented, materials reviewed) should be included. If attachments are provided as part of another portion of this request, a cross-reference is satisfactory, rather than sending duplicate materials.

12. A complete list of all members enrolled in the care coordination/case management programs from January 2016 to May 2017. Please include open and closed case files, the member's name, Medicaid ID number, and condition or diagnosis which triggered the need for care coordination or case management services. From these files we will randomly select specific files for review.

13. A copy of staff handbooks/training manuals, orientation and educational materials.

14. A copy of written information provided to new participants.

15. A copy of materials used for initial provider training/orientation.

16. A copy of any member and provider newsletters, educational materials, and/or other mailings.

17. A copy of the provider handbook or manual, if applicable.

18. A sample provider contract.

19. Please provide a completed Information Systems Capabilities Assessment (ISCA) form as documentation to support the requirements listed in Article VI, Section A (1) of the contract. Areas on the ISCA form not applicable to your organization maybe marked as N/A.

20. A copy of the Business Continuity/Disaster Recovery Plan.

21. A copy of the most recent disaster recovery or business continuity plan test results.

22. An organizational chart for the IT/IS department and a corporate organizational chart that shows the location of the IT organization within the corporation.

23. A description of the data security policy with respect to email and PHI.

These materials:

- **should be organized and uploaded to the secure CCME EQR File Transfer site at https://eqro.thecarolinascenter.org**

- **submitted in the categories listed**

B. Attachment 2: Materials Requested for Onsite Review

SC Solutions

External Quality Review 2017

MATERIALS REQUESTED FOR ONSITE REVIEW

1. The Quality Improvement Description form referenced in policy CHS.QM.ALL.01.07 for any project underway for the MCCW line of business.

2. Fleet Safety Policy.

3. Policy that addresses ongoing monitoring of SC-EPL, OIG, and SAM.

4. Policy CHS.ISP.ALL.11.45 - Record Retention Destruction.

5. Any policy that addresses the process for Provider training of the Compliance Plan and policies.

C. Attachment 3: Tabular Spreadsheet

The Carolinas Center *for* Medical Excellence

CCME Data Collection Tool

Plan Name:	SC Solutions
Collection Date:	2017

I.   ADMINISTRATION

STANDARD	SCORE					COMMENTS
	Met	**Partially Met**	**Not Met**	**Not Applicable**	**Not Evaluated**	
I. ADMINISTRATION/ORGANIZATION ACTIVITIES						
I A. General Approach to Policies and Procedures						
1. The organization has policies and procedures that are organized, reviewed, and available to staff.	X					Policies and procedures are organized in a consistent manner and dates show reviews and/or revisions are conducted annually. Employees have access to policies and procedures through the OneNote application. Solutions' policies are generally developed at the corporate level with rare South Carolina (SC) specific addendums. *Recommendation: Include SC addendums in corporate policies when applicable to detail specific timeframes or specific SCDHHS Contract*

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						requirements.
I B. Organizational Chart / Staffing						
1. The organization's infrastructure complies with contract requirements. At a minimum, this includes designated staff performing the following activities:						Present staffing levels and open positions in anticipation of increased membership appear sufficient to provide the services required by the *SCDHHS Contract*. Solutions experienced a greater than 25% increase in participants over the past 18 months.
1.1 Administrative oversight of day-to-day activities of the organization and available per contract requirements;	X					The Executive Director is Thomas McGee who is responsible for overseeing the day-to-day activities at Solutions. Mr. McGee reports to the Chief Medical Officer, Dr. Barbara Freeman. Dr. Stallworth is involved in clinical areas and provider relations for Solutions; however, he was not on the organizational chart. Onsite discussion confirmed the need to add him to the chart. *Recommendation: Include Dr. Stallworth on the organization chart for Solutions/CHS and indicate his role.*
1.2 Care coordination and enhanced case management;	X					Solutions has on staff 24 RN Care Coordinators (CC), 7 of which were hired this year, and 3 additional candidates are in the process of being hired. There are 3 open positions for CCs now. Alysen McCaughey is the Program Manager overseeing the CCs. All CCs are trained to identify candidates for enhanced services and provide the services needed.

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1.3 Provider services and education;	X					Onsite discussion confirmed Jennifer Hamilton, Program Operations Coordinator, is responsible for provider outreach and education.
1.4 Quality assurance;	X					Nancy DiGioacchino serves as Vice President of Compliance and Quality. The Quality Clinical Services Manager is Kristine Paradis, who supports Nancy in her quality responsibilities. Both are Certified Professionals in Healthcare Quality (CPHQ).
1.5 Designated compliance officer.	X					Nancy DiGioacchino is the Vice President of Compliance and Quality.
2. The organization formulates and acts within policies and procedures which meet contractual requirements for verification of qualifications and screening of employees. At a minimum, includes the following:						Job descriptions include necessary qualifications and resumes document experience and skills.
2.1 Criminal background checks are conducted on all potential employees.	X					Solutions conducts criminal background checks on all potential employees after they sign job offers. It is required for employment. There is a conflict between the *SCDHHS Contract* requirements for background checks for CCs and background check organizations to provide unlimited timeframe searches. Due to differences in State and local laws, searches may be limited to only 7 years. Reference *SCDHHS Contract, Appendix A (F) (1)*. Onsite discussion with SCDHHS indicated they may consider a change in the contract.

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2.2 Verification of nursing licensure and license status.	X					A copy of current nursing licensure is found in the CC's employee files.
2.3 The organization screens all employees and subcontractors monthly to determine if they have been excluded from participation in state or federal programs.	X					Policy CHS.COMP.MCCW.02.01-Ongoing Credentials Surveillance, states "contracted and employed staff are reconciled against the Office of Inspector General (OIG), System for Award Management (SAM), and SC Excluded Providers List (SCEPL) on a monthly basis. It is the responsibility of the Compliance Officer to ensure this is done." When Solutions performs monthly searches it downloads the lists from OIG, SAM, and SCEPL and identifies any providers, contracted, or employed staff that appears on this list. Solutions records the results on a spreadsheet and takes appropriate action. Results are maintained in the Compliance Department.
2.4 Care Coordinators meet all contract requirements.	X					The CCs have the skill and experience to meet contract requirements and job descriptions. CCs: •Are RNs with valid nursing licenses •Provide evidence of a valid driver's license •Are required to attend quarterly SCDHHS CC trainings where attendance is recorded. •Do not have felony convictions •Meet TB testing requirements

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2.5 Staff are independent of the service delivery system and are not a provider of other services which could be incorporated into a Participant's Care Coordination Plan.	X					The Confidentiality Agreement signed by the employee includes this statement: "I agree that, during the term of my employment with CHS, I will not engage in any other employment, occupation, consulting or other business activity related to the business in which Solutions is now involved or becomes involved with during the term of my employment, nor will I engage in any other activities that conflict with my obligations to Solutions." The *Employee Handbook* includes similar information.
3. Employee personnel files demonstrate the organization complies with contract and policy requirements.		X				CCME conducted a review of 6 random CC personnel files. In addition to the requirements noted above, all personnel files included: •Current CPR certificates •Evidence of completed Health Insurance Portability and Accountability Act (HIPAA)/Confidentiality training •Drug testing results •Initial query of the OIG, SAM, and SC EPL databases Employees receive and sign a Fleet Safety Policy Acknowledgement. Incomplete files were discovered in the review and the missing information includes the following: •Evidence of <u>current</u> driver's licenses was not found in files #1, #2 and #5. Onsite discussion revealed that Solutions conducts an annual audit to ensure this information is updated and this is maintained in the Compliance Department; however, the files did not include evidence of

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						current information. •Evidence of current automobile insurance was found in the files and consisted of a copy of the insurance card ensuring coverage; however, coverage amounts are not defined. Sections 204 and 506 of Solutions' *Employee Handbook* states "employees who use their own cars for business travel have valid driver's licenses and current automobile insurance policy, with combined single limits of $100,000/$300,000. It must be provided to Human Resources semi-annually or as requested." The declarations page or evidence of coverage amounts were not found in any file. *Quality Improvement Plan: Develop a process to ensure that personnel files include proof of the current, valid driver's license and evidence of meeting the automobile liability insurance requirements as defined in the Employee Handbook.*
I. C. Governing Board/Advisory Board						
1. The Organization has established a governing body or Advisory Board.	X					The parent company, Community Health Solutions, has a Corporate Board of Directors and a Corporate Executive Committee. Solutions' SC operation has the following local committees: •Quality Management •Credentialing •Operations

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2. The responsibility, authority, and relationships between the governing body, the organization, and network providers are defined.	X					The Organization chart provided displays the corporate reporting structure.
I. D. Contract Requirements						
1. The organization carries out all activities and responsibilities required by the contract, including but not limited to:						
1.1 The organization is available by phone during normal business hours 8:30 am to 5:00 pm Monday through Friday.		X				Solutions is available by phone during normal business hours; however, Solutions' website and *Provider Manual* do not include the hours of operation. Other phone numbers found on the website are no longer in use. Plan materials contain different local addresses for Solutions. Solutions' materials do not indicate how a person requiring the services of TTY or 711 is able to communicate with Solutions or SCDHHS. SC Form 921 is provided to members during the eligibility process and includes that SCDHHS has TTY capabilities; however, participants are not informed how to access this service. Reference *Federal Regulation § 438.10 (d) (3).* *Quality Improvement Plan: Update plan materials with consistent information on hours of operation and the local address for Solutions. Provide members information about accessing services for the hearing impaired/speech impaired. Update Solutions' website to include hours of operation and updated phone number list. (Website changes may be submitted in*

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						draft form due to website update in progress.)
1.2 The organization adheres to contract requirements for holidays and closed days.	X					CCME's review revealed Solutions has not defined in any document the procedures that apply to holidays and closed days per *SCDHHS Contract, Appendix A, (G)*. They report following contract requirements. *Recommendation: Develop a document, policy or procedure that defines Solutions' approach to holidays and closed days, in compliance with SCDHHS Contract.*
1.3 The organization has a process to conduct onsite supervisory visits within 5 days of receiving a request from SCDHHS.		X				No policy or process was found that defined when Solutions conducts onsite supervisory visits as found in *SCDHHS Contract, Appendix A (G) (4)*. During onsite discussion, we learned that the Program Manager who oversees the CCs makes these visits per contract requirements. Solutions tracks complaints or grievances related to their employees. *Quality Improvement Plan: Document in a policy or process, Solutions' process for receiving and conducting supervisory visits.*
1.4 Organization and participant records are retained and available as required by the contract.	X					Documented in Policy CHS.ISP.ALL.11.45, Record Retention Destruction. Participant files are available to SCDHHS upon request.

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1.5 Participant program education materials are written in a clear and understandable manner, and are available in alternate formats and translations for prevalent non-English languages.	X					SCDHHS produces most materials provided to participants. Participants sign a release of information and Notice of Non-Discrimination (SCDHHS Form 921) that includes assistance in any language. Solutions uses the language line provided by SCDHHS to provide language services for participants as needed. Foreign language documents are available through SCDHHS. Solutions may distribute informational brochures with new member materials. It is noted that some of these material are outdated. *Recommendation: Ensure materials provided to participants are updated and relevant.*
1.6 Processes are in place to ensure care coordination services are available statewide.	X					Solutions uses GeoAccess studies to determine the location of each participant and the case managers available to provide services in that geographic location. Solutions' has the capability to adjust coverage to ensure services are available statewide.
I. E. Confidentiality						
1. The organization formulates and acts within written confidentiality policies and procedures that are consistent with state and federal regulations regarding health and information privacy.	X					The CHS Strategic Quality Plan was included in the desk materials. This plan indicates HIPAA privacy and participant confidentiality is addressed during new and annual employee training. Policy CHS.ISP.ALL.11.12 Security & Privacy Training Awareness Requirements and Reminders, states "HIPAA training is conducted by the Privacy Officer or designee and occurs prior to access to any PHI."

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						The definitions of Protected Health Information (PHI) of HIPAA, and IIHI are found in Policy CHS.ISP.ALL.10.00, Glossary of Terms-HIPAA. Employees are kept up to date during annual training and during quarterly staff meetings. Employees receive training on sending secure email.
I. F. Data Systems/Security						
1 The organization maintains an appropriate fiscal accounting system.	X					Solutions retains all financial and programmatic records for a period of 6 years as defined in Policy CHS.ISP.ALL.11.45, Record Retention Destruction, and Solutions requires subcontractors to do the same. Solutions IT services are provided by a "sister" company, CTS.
2. The organization has policies, procedures and/or processes in place for addressing data security.	X					Policy CHS.ISP.ALL.11.10, Security Management Process, states, "CHS has a duty to protect the confidentiality, integrity, and availability of medical and business information as indicated or required by best business practices, accepted information security standards, federal and state laws, professional ethics, and accreditation requirements. Furthermore, CHS employs systems and processes to detect, contain, and correct security violations." Several additional policies document processes for assuring data security.

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
3. The organization has policies, procedures and/or processes in place for addressing system and information security and access management.	X					Solutions submitted several policies that address system and information security, and processes to ensure appropriate access. Participants or RPs sign SC Form 921, Authorization to Disclose Health Information, during the enrollment of new members.
4. The organization has a disaster recovery and/or business continuity plan, such plan has been tested, and the testing has been documented.	X					The documentation provided by Solutions included a thorough Continuity of Operations Plan (COOP). The COOP includes at least an annual review of the plan, regular testing, and incorporates lessons learned. It also requires a review of plan execution and effectiveness of the plan, an Action Review and Improvement Plan. Events occurred in 2016 and 2017 that created the need for plan implementation. The 2016 event (Hurricane Matthew) is documented in a CHS Incident Report (After Action Report) and included areas needing improvement. No formal documentation was received for the data loss event and recovery in 2017. *Recommendation: Solutions experienced in 2017. Ensure Solutions is following their COOP by conducting and documenting the Action Review following testing or implementation of the plan and include any changes made as a result.*
I G. Compliance and Program Integrity						

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1. The organization has policies/procedures in place designed to guard against fraud, waste, and abuse, and including the following:						
1.1 Written policies, procedures, and standards of conduct comply with federal and state standards and regulations.	X					Solutions has a Compliance Program (updated December 2016) and policies that address the False Claims Act, Identifying Provider Fraud, Fraud and Abuse Prevention Training, Investigations, and Reporting. Standards of Conduct and Business Ethics are found in the *Employee Handbook*.
1.2 A compliance committee that is accountable to senior management.	X					Page 5 of the Compliance Program articulates the objectives of the program and states the Compliance Officer (CO) has oversight of the Compliance Committee, and is accountable to senior management. The Board of Directors is ultimately responsible and ensures the effectiveness of the Compliance and Ethics Program. The CO is a member of the QMC that meets no less than quarterly to develop and implement policies and procedures, analyze data, and define compliance action plans. This Committee appears to assume the functions of a Compliance Committee. Documentation of a Regulatory Compliance Committee on the Board of Directors as required by *Federal Regulation § 438.608 (b) (2)* was not found. *Recommendation: Create a Compliance Committee to conduct the functions presently being done in the QMC.*

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1.3 Employee education and training that includes education on the False Claims Act, if applicable.	X					The Compliance Program indicates CHS provides training and education to all employees, managers, senior management, contractors, agents, and Board of Directors upon hire and annually. The Compliance Department provides continuing education through media such as the internal website and compliance tips and reminders through email notices. Policy CHS.COMP.ALL.01.01 False Claims Act, documents compliance to the Federal False Claims Act and staff training. Most compliance training is conducted online and testing is required.
1.4 Effective lines of communication between the compliance officer and the organization employees, subcontractors, and providers.		X				The CO or supervisor is available for direct reporting. Employees are informed of their obligation to report any suspicion of potential or actual fraud, waste, or abuse. The Compliance Program states the phone numbers are communicated via internal and external websites, as well as other print media. The 'Members' area of Solutions' website included an incorrect number to the Louisiana Fraud Hotline. Onsite discussion indicated Solutions has not included provider training regarding Program Integrity, monitoring for fraud, waste, and abuse, or the False Claims Act in any provider training and very little detail is found in the *Provider Manual*. The *OIG FWA Booklet* and a

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						provider quiz were submitted; however, how and when Solutions conveys this information to providers is not defined. Reference *Federal Regulation § 438.608 (a) (5)*. *Quality Improvement Plan: Ensure updates to the website include correct phone numbers for members to report suspected fraud, waste, and abuse. Develop a process to train providers on the False Claims Act and Solutions' Fraud, Waste, and Abuse Program.*
1.5 Enforcement of standards through well-publicized disciplinary guidelines.	X					Page 9 of the Compliance Program states "employee behavior is linked to specific disciplinary actions" as described in the *Employee Handbook*. Solutions conducts quarterly staff meetings that may include updates on compliance processes or expectations.
1.6 Provisions for internal monitoring and auditing.	X					CHS has an audit calendar to track quarterly audits. Policy CHS.COMP.ALL.01.02, Identifying Provider Fraud, includes many methods CHS uses to identify potential patterns of fraud or abuse. These processes are not defined in the Compliance Program. Reference *Federal Regulation § 438.608 (a) (1) (viii)*. *Recommendation: Include in the Compliance Program methods CHS uses to audit and detect potential fraudulent activities.*

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1.7 Provisions for prompt response to detected offenses and development of corrective action initiatives.	X					Onsite discussion confirms Solutions reports any fraud involving a member or provider to the Program Integrity and Medicaid Fraud Control Unit within 1 day of the discovery. Other investigations are reported to SCDHHS within 10 days of the submission following a thorough investigation. Quality improvement plans are developed by leadership to address internal issues that may have resulted in a violation.
1.8 A system for training and education for the Compliance Officer, senior management, and employees.	X					One of the objectives of the Compliance Program is to provide effective training and education of the CO and employees. Page 8 of the Compliance Plan states, "Compliance Department employees are required to attend specialized training throughout the year that pertains to healthcare compliance and regulatory changes that affect the Company or its lines of business. For example, Compliance Department employees regularly attend webinars, conferences, compliance study groups, and are encouraged to obtain certifications in compliance from nationally recognized organizations. Compliance training is annual for all employees, testing is required, and test results are tracked." Quality Improvement Plans (QIPs) are implemented, if applicable.
1.9 Processes for immediate reporting of any suspicion or knowledge of fraud and abuse.	X					The Compliance Program outlines employee responsibility to report actual or suspected fraud and abuse. Failure to report will result in disciplinary action, up to and including termination.

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2. The organization reports immediately any suspicion or knowledge of fraud or abuse.	X					Policy CHS.COMP.ALL.01.05, Reporting Mechanisms, includes methods available to everyone confidentially notify the organization of any suspected fraud, waste, or abuse. Solutions' hotline is a blind voicemail box and employs a method for confidential reporting via email.

II. PROVIDER SERVICES

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
II. PROVIDER SERVICES						
1. The organization formulates and acts within policies and procedures related to initial and ongoing education of providers.			X			Solutions does not have a policy that addresses initial and ongoing provider education. Onsite discussion confirmed that the Program Operations Coordinator and the Resource Nurse meet with providers to discuss the Solutions program, but the plan does not have a defined program for provider education. *Quality Improvement Plan: Create a policy or procedure that addresses how Solutions educates new providers and conducts ongoing provider education of the plan's processes and services.*

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2. Initial provider education includes:						
2.1 Organization structure, operations, and goals.	X					
2.2 Provider responsibilities and procedures for obtaining authorization from the state for services and referrals, as needed.	X					The *Provider Manual* details responsibilities of the PCP, which includes information relating to referrals and authorizations. Onsite discussion confirmed that PCPs provide authorization codes to other providers for claims processing.
2.3 Medical record documentation requirements, handling, availability, retention, and confidentiality.	X					The *Provider Manual* includes information regarding medical records such as retention timeframes, the standards for documentation, information that medical records should be confidential and not released without written authorization of the covered person/legal guardian, and requirements for transferring new members' medical records. Onsite discussion confirmed that Solutions conducts medical record reviews twice a year for Part A children during team conferences and gives feedback to providers at that time. The QMC minutes showed evidence of medical record reviews.

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2.4 How to access language interpretation services.			X			Onsite discussion confirmed that translation services are offered free of charge through SCDHHS Healthy Connections. If Solutions is involved in a member meeting where translation services are needed, they will assist in obtaining the services for the member. The *Provider Manual* and/or training materials do not reference any information regarding how providers can assist non-English speaking members that need language assistance. Solutions may want to consider providing information regarding language assistance to providers along with the Healthy Connections phone number for members to call if they need assistance. *Quality Improvement Plan: Add to the Solutions Provider Manual, website, and/or new provider education materials information regarding the free Healthy Connections language assistance for non-English speaking members.*
3. The organization provides ongoing education to providers regarding changes and/or additions to its programs, practices, standards, policies and procedures.		X				Provider educational materials include the *Provider Manual*, an MCCW Provider Training presentation, and information on the Solutions website. However, it does not appear the information is up to date. Examples of outdated information include the following: •The *Provider Manual* is dated 2015 and instructs providers to contact the Provider Relations Department. Onsite discussions confirmed that the department does not exist. •The website displays provider newsletters from 2012, and the plan indicated in their desk

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						materials that they do not generate newsletters, educational materials, or other mailings. •There is inconsistent information regarding the services offered between the website and the provider training presentation. The website includes "transportation"; which is not mentioned in the presentation. •The website includes a Document Distribution section which instructs the providers to "click here" to access reports; however, onsite discussion confirmed this is nonfunctional and that the reports are mailed to the providers. *Quality Improvement Plan: Solutions needs to update provider educational and reference materials such as the Provider Manual, provider information on the website, and the provider training presentation.*

III. QUALITY IMPROVEMENT

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
IIV. QUALITY IMPROVEMENT						
III A. The Quality Improvement (QI) Program						

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1. The organization formulates and implements a formal quality improvement program with clearly defined goals, structure, scope and methodology directed at improving the quality of health care delivered to participants.	X					Solutions' Quality Improvement program (QIP) is provided at the corporate level through Community Health Solutions of America. Solutions provided Community Health Solutions' *Strategic Quality Plan for 2017* as evidence of a Quality Improvement Program description. This plan provided the goals, objectives, program structure and activities planned for 2017. This program description was not specific to Solutions. It was unclear what activities or sections of the program description applied to Solutions. *Recommendations: Activities that apply to Solutions should be noted as such in the Strategic Quality Plan.*
2. An annual QI work plan is in place which includes activities to be conducted, follow up of any previous activities where appropriate, timeframe for implementation and completion, and the person(s) responsible for the activity.		X				The 2016 and 2017 Work Plans were provided. The plans included the goals, interventions, date, and responsible party. The implementation and completion dates for each activity were not included. It was unclear if the dates included on the Work Plan represented the start date or the date of completion. According to page 6 of the *Strategic Quality Plan for 2017,* "at least quarterly the Work Plan is updated to identify progress …" It was not clear that quarterly updates were not included on the 2016 Work Plan. One goal listed on the 2016 Work Plan, "Conduct thorough routine record review for staff performance evaluation" was listed as ongoing. However, this activity was not found on the 2017 Work Plan.

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						Quality Improvement Plan: Update the 2017 Quality Work Plan to include all activities that were not completed in 2016. Include the implementation and estimated completion dates for each activity. If the completion date is unknown, consider including a note field so the status and updates can be noted.
III B. Quality Improvement Committee						
1. The organization has established a committee charged with oversight of the QI program, with clearly delineated responsibilities.	X					The Quality Management Committee (QMC) provides oversight for Solutions' QI activities. Dr. Barbara Freeman serves as chair of this Committee. Other members include Solutions' senior leadership and the MCCW Program Medical Director, Dr. James Stallworth. All members are voting members.
2. The QI Committee meets at regular intervals.	X					This Committee meets at least quarterly.
3. Minutes are maintained that document proceedings of the QI Committee.	X					
III C. Annual Evaluation of the Quality Improvement Program						
1. A written summary and assessment of the effectiveness of the QI program for the year is prepared annually.	X					Solutions provided the *Annual Report: Quality and Performance Improvement Calendar Year 2016*. This document summarized Community Health Solutions CHS initiatives for 2016. It was difficult to determine which activities were applicable to Solutions.

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						Recommendation: Ensure the activities that are applicable to Solutions are clearly labeled in the annual program evaluation.
2. The annual report of the QI program is submitted to the QI Committee.	X					

IV. CARE COORDINATION/CASE MANAGEMENT

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
IV. Care Coordination/Case Management						
1. The organization formulates and acts within written policies and procedures and/or a program description that describe its care coordination and case management programs.	X					Solutions' Care Coordination Program is responsible for the coordination of medical care, transitions of care, and continuity of care of all members in the MCCW using best practice protocols for care coordination/case management, education, and care support. Evaluation of the Care Coordination Program is conducted annually. In response to requests for a written Care Coordination/Case Management Program Description, Solutions provided a one-page document saved as "MCCW General Program Information." This document provides very brief

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						information on the MCCW, program objectives, and care coordination. During the onsite visit, Solutions provided an in-depth, verbal description of the Care Coordination/Case Management Program. Onsite discussion confirmed a formal, written Care Coordination/Case Management Program Description is not available. Various policies define processes used in care coordination and case management. Issues related to specific policies are addressed in the standards below. *Recommendation: Develop a written program description to describe the Care Coordination/Case Management Program.*
2. Policies and procedures and/or the program description address the following:						
2.1 Structure of the program.		X				The structure of Solutions' Care Coordination/Case Management Program is not completely defined in policies. Onsite discussion revealed Case Managers are assigned to clients based on factors such as place of residence, mileage/driving time, case load, and client acuity levels. The Case Manager-to-client ratio goal is 1:50. *Quality Improvement Plan: Revise current policies or develop a Care Coordination/Case Management Program Description to define the*

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						structure of Solutions' Care Coordination/Case Management Program.
2.2 Lines of responsibility and accountability.		X				Lines of responsibility and accountability for the Care Coordination/Case Management Program are not adequately defined in policy. Onsite discussion included a description of the lines of accountability for the Care Coordination/Case Management Program as well as roles and responsibilities of Care Coordination/Case Management staff and Medical Director positions. Dr. Stallworth serves as the Medical Director, provides support to clinical staff, and assists with provider-related issues. *Quality Improvement Plan: Revise current policies or develop a Care Coordination/Case Management Program Description to define the lines of responsibility and accountability for Solutions' Care Coordination/Case Management Program.*
2.3 Goals and objectives of Care Coordination/Case Management.	X					Goals and objectives of the Care Coordination/Case Management Program are defined in various documents, including the *Provider Manual* (dated 2015), the "MCCW General Program Information" document, and the *2017 Community Health Solutions Strategic Quality Plan*. Discrepancies in the goals and objectives were noted between the documents reviewed. *Recommendation: Ensure Care Coordination/Case Management goals and objectives, including*

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						those defined by the SCDHHS Contract, are consistent in all documents.
2.4 Intake and assessment processes for Care Coordination/Case Management.		X				Policy CHS.CM.MCCW.01.01, Intake /Admissions Policy, defines methods for making referrals to SCDHHS for the MCCW. The Program Manager tracks referrals and assigns clients to the appropriate Case Manager. The policy states the PAS process must be initiated within 20 days; however, onsite discussion revealed the expected timeframe to initiate the PAS process is within 5 business days. Also, the policy does not address the requirement implemented by SCDHHS in March 2017 regarding the 30-business day timeframe for PAS completion. Onsite discussion revealed this policy is currently being revised to reflect these requirements. *Quality Improvement Plan: Revise policy CHS.CM.MCCW.01.01, Intake /Admissions Policy, to include the 5-business day timeframe for PAS initiation and the 30-business day timeframe for PAS completion.*

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2.5 Provision of required information to participants at the time of enrollment.	X					As defined in the submitted desk materials and policies, new members are provided information and/or forms regarding: •The MCCW •Consent for Case Management/Freedom of Choice •Consent for Authorization to Disclose Information including the Notice of Privacy Practices •Rights and Responsibilities, including the process to file a grievance with SCDHHS •Physician/Provider Choice Form •Admission Agreement •Emergency Preparedness •Noncompliance policy •Child protective services •Appeals •Assistive Technology Exchange •SC Department of Disabilities and Special Needs •Logisticare •Mileage reimbursement instructions and form •How To Choose a Home Care Provider •The Health Insurance Premium Payment Program •The United Way •Growth and development charts (age 5 and under).
2.6 Minimum standards for phone contacts, in-home visits, and physician/nurse plan oversight as applicable.		X				Policy CHS.CM.MCCW.01.01, Intake /Admissions Policy, states SCDHHS will sign the service plan and authorize Care Coordination visits (24 units), Care Coordination Contacts (24 units) and Care Advocate (24 units) for each quarter.

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						Policy CHS.CM.MCCW.02.01, Care Coordination Process, defines the schedule of contacts for members in the MCCW.

CCME discovered inconsistencies in the timing of various visit types between page 9 of the MCCW Provider Training document and policy CHS.CM.MCCW.02.01, Care Coordination Process. Differences include:
•Policy CHS.CM.MCCW.02.01, Care Coordination Process, indicates quarterly visits are done during months 3 and 9. The MCCW Provider Training document states quarterly visits are completed during months 6 and 12.
•Policy CHS.CM.MCCW.02.01, Care Coordination Process, says the team conferences are conducted in months 3 and 6. The MCCW Provider Training document states team conferences are conducted during months 3 and 9.

Policy CHS.CM.MCCW.02.03, Team Conference, indicates that team conferences are conducted twice a year. Onsite discussion revealed team conferences are conducted only for Part A members; however, the policy does not reflect this process.

Quality Improvement Plan: Ensure the correct timeframes for quarterly visits and team conferences are documented in the MCCW Provider Training document and policy CHS.CM.MCCW.02.01, Care Coordination Process. Update policy CHS.CM.MCCW.02.03, Team |

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						Conference, to include that team conferences are conducted only for Part A members.
2.7 Processes to develop, implement, coordinate, and monitor individual care coordination plan with the participant/caregivers and the PCP.	X					Policy CHS.CM.MCCW.01.08, Care Planning, defines processes for care plan development with the responsible party and physician during participation in the MCCW Program. The MCCW care plan is created with the participant and/or RP during the initial home visit if the participant is admitted when in the hospital, or during the PAS visit if admitted in the home. The care plan identifies all applicable problems for the client, as well as interventions in place, and is reviewed monthly with the participant and/or RP. Changes and/or updates are made as applicable. Long-term goals are reviewed annually; short-term goals are reviewed semi-annually.
2.8 Maintain clear and open communication with the participant's caregiver/parents. This must include written documentation of caregiver/parent participation in and understanding of the Care Coordination Plan that is dated and signed by the care coordinator.	X					Policy CHS.CM.MCCW.01.09, Admission Agreement, states acknowledgment of being an active participant in the PAS visit and planning process for the care of the participant is required for MCCW participation. The Admission Agreement will be reviewed with the RP and signed during the PAS visit. Members/RPs are informed of the requirements for participation in the MCCW Program at admission and as needed.

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2.9 Process to regularly update and evaluate the care coordination plan on an ongoing basis.	X					Policy CHS.CM.MCCW.02.01, Care Coordination Process, states the Care Coordinator reviews the care plan with the participant and/or RP during monthly calls, quarterly visits, team conferences, semi-annual visits, and annual re-evaluation visits. The review of the care plan includes waiver services, state plan services, educational services, and community resource needs. Policy CHS.CM.MCCW.01.08, Care Planning, confirms it is the Care Coordinator's responsibility to ensure the most recently released care plan is updated for every monthly call or visit. Policy CHS.CM.MCCW.01.08, Care Planning, defines processes for care plan development with the RP and physician. The care plan is reviewed monthly with the participant and/or RP. Changes and/or updates are made as applicable. Long-term goals are reviewed annually; short-term goals are reviewed semi-annually.
2.10 Processes for following up with participants admitted to the hospital and actively participate in discharge planning.		X				Policy CHS.CM.MCCW.03.01, Discharge Planning/Disenrollment, defines processes to provide consistency with discharge planning for all participants in the MCCW Program. Discharge planning for the MCCW participant begins at admission to the program. Members are informed that discharge from the program will occur when the member no longer meets Medicaid, Level of Care, or Medical Evaluation Assessment (MEA) score eligibility; is hospitalized or out-of-state for one full calendar month; becomes eligible for

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						another waiver; turns 18 years old; or is non-compliant with program requirements. Onsite discussion included processes followed by Case Managers when members are hospitalized; however, these processes are not reflected in the Care Coordination/Case Management Policies. *Quality Improvement Plan: Include in a policy the discharge planning process followed when a member is hospitalized.*
2.11 A process to report any suspected abuse, neglect, or exploitation of a participant.		X				Policy CHS.CM.MCCW.01.12, Child Protective Services, defines reporting requirements for cases of neglect or abuse. During pre-assessment, the responsible party is informed of reporting requirements and acknowledges the notification by signing the admission agreement. Page 2, items 3 (b) (i) (1 and 2) state, "Health Care Providers will report suspected abuse, neglect, or exploitation to Adult Protective Services…" and "Case Manager will report any suspected abuse, neglect or exploitation to Adult Protective Services." There is no mention of reporting to Child Protective Services if the client is less than 18 years old. *Quality Improvement Plan: Revise policy CHS.CM.MCCW.01.12, Child Protective Services, to include that suspected abuse, neglect, or exploitation of a member less than 18 years old will be reported to Child Protective Services.*
2.12 Back-up service provision plan to ensure		X				Policy CHS.CM.MCCW.04.01, Medically Complex

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
that the Participant receives the authorized care coordination services and a process to notify SCDHHS if services cannot be provided.						Criteria-Down Time, outlines how Care Coordinators manage members' needs in the event electronic access is unavailable (due to power outages, connectivity issues, or other barriers). Onsite discussion included a description of back-up processes to ensure service provision. It was confirmed there is no written policy addressing back-up service provision plans to ensure that the Participant receives the authorized care coordination services and the process to notify SCDHHS if services cannot be provided. Refer to the *SCDHHS Contract, Appendix A, Section G (5)*. *Quality Improvement Plan: Develop a policy, or revise an existing policy, to define the back-up Service Provision Plan to ensure members receive the authorized care coordination services and the process to notify SCDHHS if services cannot be provided.*
3. The organization provides a written, formal evaluation of the Service Plan to SCDHHS every 6 months or upon request.	X					
4. File review confirms the organization conducts Care Coordination and Case Management functions as required by the contract.	X					Review of care coordination files confirmed Case Manager and Care Advocate staff are in frequent contact with members/RPs. If unable to contact the Case Manager or Care Advocate documents multiple follow-up attempts, including mailing an "unable to contact" letter. File review revealed these attempts are usually successful, with return calls from the RP documented. Files contain documentation of appropriate outreach to the members' medical and ancillary providers. Based

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						on file review and onsite discussion, it appears Solutions is conducting appropriate care coordination and case management functions overall to ensure the health and functioning of members. Isolated issues with missing documentation were noted in the files reviewed, and were discussed with Solutions' staff during the onsite visit. They did not appear to represent widespread process issues. The missing documentation includes two care plan updates, one MEA, one Service Plan, and evidence of one monthly call. *Recommendation: Ensure member files contain evidence of care plan updates, assessments, and monthly calls at required intervals, and include updated service plans.*